William J. Clinton
Presidential History Project

Briefing Materials

Christopher Jennings

April 17-18, 2003

Prepared by Hannah Bradley St. Leger, Research Assistant
October, 2002
1992

December
On the 1st, Jennings meets with Florida Governor Lawton Chiles and Florida
health chief Doug Cook to discuss plans for states to help design a national health
care reform plan for President-elect William Clinton to present to Congress. (St.
Petersburg Times, 12/06/1992)

1993

January
On the 25th, Clinton names First Lady Hillary Clinton to lead the President’s Task
Force on Health Care Reform. The task force has twelve members, including six
cabinet secretaries. The task force also has over five hundred staffers, including
Jennings from HCFA. Ira Magaziner, White House Senior Advisor for Policy
Development, is to manage the task force. Clinton reiterates his campaign pledge
to provide universal health care coverage and announces that the task force’s plan
will be written by the end of May, 1993. (The Washington Post, 01/26/1993,
03/30/1993)

On the 29th, Magaziner states in a memo to the task force that “depending on
definitions and program structure, universal access could mean $30 billion or $90
billion of additional annual expenditure by the government by 1997.” (The
Washington Post, 02/22/1993)

On the 30th, Magaziner announces that the president’s health care reform task
force has divided into 20 plus teams that will pass policy proposals through
“tollgates” before being presented to Clinton. (The Washington Post, 01/30/1993)

February
Jennings is appointed Senior Legislative Health Reform Advisor to the Health
Care Financing Administration (HCFA), which is part of the Department of
Health and Human Services (HHS). Jennings works with the Health Care Reform
Task Force Chair, First Lady Hillary Clinton, to assist her in meeting with
Members of Congress and preparing congressional testimony. (Christopher C.
Jennings Official Biography)

April
On the 8th, Magaziner tells 100 task force members that the first phase of the task
force’s work is complete, but before finishing, the task force is waiting on several
key decisions from Clinton and task force chair Hillary Clinton. (The Washington
Post, 04/09/1993)

On the 10th, the President’s Task Force on Health Care Reform releases the main
components of the Administration’s health care reform plan, without decisions on
how to finance the programs. The Administration continues to consider limits on
annual increases in health care premiums and short-term price controls as a means of controlling spending. (*The Washington Post*, 04/10/1993)

**May**

On the 22nd, Clinton announces the final round of decisions related to his health care plan: every American should be guaranteed a comprehensive package of health benefits that includes all standard medical procedures and emphasizes primary and preventative care. Clinton’s endorsement of comprehensive coverage implicitly rejects a proposed plan to introduce a limited benefits package in which benefits would increase over time. In selecting a comprehensive package, Clinton cites his concern that the proposed limited benefits package would create a two-tiered system with those working for large companies receiving a full benefits package while others would still have limited benefits. Of the initial 1100 decisions laid out for task force chair, First Lady Hillary Clinton, approximately 12 decisions remain. (*The Washington Post*, 05/22/1993)


**August**

Clinton holds the first of three scheduled meetings with his advisers to make the final decisions on the health care reform plan, including whether to adopt a $240 billion cut in Medicare and Medicaid or a more moderate approach. The Medicare and Medicaid savings over the course of five years could help offset the cost of health care reform. Medicare funds would be saved by limiting the growth of payments to doctors and hospitals and potentially raising co-payments and premiums for wealthy senior citizens. Medicaid funds would be saved by having recipients purchase their health care coverage through purchasing cooperatives, like other individuals covered under the Administration’s plan. A larger Medicare and Medicaid cut would be expected to give the president a stronger negotiating position with Congress. (*The Washington Post*, 09/01/1993)

**September**

On the 22nd, Clinton presents his health care plan in a nationally-televised address to a joint session of Congress. (*1994 Congressional Quarterly Almanac*, p. 321)

**October**

On the 5th, the Administration increases the estimate of the cost to the government to subsidize health coverage for small firms and low-income workers. The new figures add about four percent to the estimated $405 billion in subsidies that would be available over five years to firms with fewer than 50 workers and to employees making less than $24,000 per year. (*The Washington Post*, 10/05/1993)

On the 6th, Rep. Jim Cooper (D-TN) introduces the chief legislative rival to the Clinton health care reform bill. The Managed Competition Act of 1993 (H.R. 3222) gains 56 co-sponsors with an almost even split between Democrats and Republicans. The Cooper bill would introduce managed competition in which
health care providers would form networks to compete for patients. It would also encourage, but not require, individuals to join managed care plans and would make employer participation optional. *(1993 Congressional Quarterly Almanac, Washington, D.C.: Congressional Quarterly, Inc., p. 339)*

**November**

On the 22nd, Clinton’s 1,342-page health care reform bill (H.R. 3600, S. 1757) is sent to Congress. Several hundred mostly technical changes are included in the final bill, as is a significant revision related to drug and alcohol treatment coverage. The bill has 100 co-sponsors in the House and 30-plus in the Senate. The bill is referred to three House committees and two Senate committees. *(The Washington Post, 11/22/1993)*

**1994**

**January**

In his State of the Union address, Clinton pledges to veto any health care reform legislation that does not include universal coverage. *(1994 Congressional Quarterly Almanac, p. 321)*

**February**

On the 9th, the Congressional Budget Office (CBO) reports that the Clinton health care reform plan would not reduce the budget deficit by $59 billion over the next five years, but rather increase the deficit by $74 billion. *(The Washington Post, 02/09/1994)*

**April**

Clinton, Senate Majority Leader George Mitchell (D-ME), and Magaziner discuss more moderate legislative alternatives to the Clinton health care reform plan at a Democratic Party policy retreat. *(Financial Times, 04/19/1994)*

**June**

Magaziner and Harold Ickes, Deputy Chief of Staff for Policy and Political Affairs, announce that the Administration expects the five congressional committees currently considering the health care reform legislation to complete their work before the Fourth of July holiday. Efforts to pass legislation out of the House Ways and Means Committee are hampered by the indictment of Chairman Dan Rostenkowski (D-IL). *(The Houston Chronicle, 06/03/1994)*

**August**

On the 11th, debate over the Administration’s anti-crime bill keeps the House from taking up the Democratic leadership’s health care reform bill. *(The New York Times, 09/27/1994)*

By the 25th, both houses of Congress have adjourned without adopting a health care reform bill. *(1994 Congressional Quarterly Almanac, p. 321)*

**September**

On the 26th, the health care reform plan officially dies in the 103rd Congress when Senate Majority Leader George Mitchell informs Sen. John Chafee (R-RI) that there are not enough votes for a compromise measure. *(1994 Congressional Quarterly Almanac, p. 321)*
October  

HHS Secretary Donna Shalala announces that the White House has assigned health care reform to top economic policy aide Robert Rubin and top domestic policy aide Carol Rasco, with Leon Panetta and Alice Rivlin participating. (*The Washington Post*, 10/21/1994)

Jennings is appointed Special Assistant to the President for Health Policy. Jennings’ responsibilities include developing and implementing the Administration’s health care policy, including coordinating the health policy work of the Office of Management and Budget (OMB), HHS, the Departments of Treasury and Labor, and other federal agencies. Jennings also has the lead responsibility for communicating and advocating Administration health policy to Congress, state and local governments, health care interest groups, and the media. (Archived Official Biography, http://clinton4.nara.gov/WH/DPC/chris_c_jennings.html)

November  

The week of the 19th, Magaziner announces that the Administration will expedite state requests for waivers of Medicare and Medicaid rules which will allow states to test new approaches to the programs. The Administration approves a significant change in the way that federal and state Medicaid funds are disbursed in South Carolina so that beginning in 1996, an additional 230,000 low-income residents can receive subsidized health coverage. (*The Washington Post*, 11/19/1994)

1995  

July  


On the 29th, Jennings responds to a Republican advertising campaign criticizing the Administration’s approach to Medicare reform. Jennings counters that Republicans haven’t yet released their own plan “because they’re afraid to let people know what’s in it.” Jennings also says that the current Republican budget resolution would limit increases in Medicare outlays to about four percent a year, but the cost of private care is expected to increase an average of 7.1 percent a year. In contrast, Jennings points out that the Administration balanced-budget plan keeps the Medicare Trust Fund solvent, increases benefits, and expands the choice of plans “without imposing any new Medicare beneficiary cost increases.” (*The Buffalo News*, 07/29/1995)

September  

On the 7th, Jennings responds to Republicans’ proposed Medicaid cuts. The Administration contends that the GOP plan to turn Medicare over to states would result in a $182 billion cut in Medicaid over seven years and would eliminate coverage for 8.8 million of the elderly and disabled, as well as low-income children. Jennings remarks that under the Republican plan, the final numbers for
states’ block grants will depend on “the formula fight of the century.” (*Star Tribune-Minneapolis*, 09/08/1995)

**1996**

*February*

On the 3rd, Jennings describes the Republican governors’ proposal for Medicaid as inadequate because “it does not continue the shared federal-state responsibility” for the costs of Medicaid. (*The New York Times*, 02/04/1996)

*August*

On the 21st, Clinton signs into law the Kennedy-Kassebaum insurance reforms, as part of the Health Insurance Portability and Accountability Act of 1996. The bill improves health insurance “portability” allowing individuals to keep their health insurance when changing jobs, starting their own businesses, or after getting sick. In addition, the bill sets up a pilot program for medical savings accounts, increases the deductibility of health insurance for the self-employed, and provides tax breaks to increase the use of long-term care insurance. (*1996 Congressional Quarterly Almanac*, Washington, D.C.: Congressional Quarterly, Inc., 1996, p. 6:28)

On the 22nd, Clinton signs the Welfare Reform Bill. The bill ends the federal guarantee of cash welfare to eligible low-income women and children, instead giving states block grants and control over their own programs, within certain federal limits. The bill also changes laws on food stamps, immigration, Supplemental Security Income benefits, child-care programs, and child support enforcement. (*1996 Congressional Quarterly Almanac*, p. 6:3)

On the 28th, at Clinton campaign headquarters, Jennings indicates that future Administration attempts at health care reform will be pursued gradually, “The lesson we learned is we have to take it on a step by step basis. The challenge is finding out what are the logical steps.” (*The Columbus Dispatch*, 08/29/1996)

*September*

On the 5th, Jennings and other Administration officials announce that the president will appoint a federal advisory commission to recommend ways of protecting consumers against changes in the health care industry that threaten the quality of care. Jennings states that the commission would not only study the need for consumer protections but also ways to assure access to health care services. (*The New York Times*, 09/05/1996)

On the 26th, Clinton signs three new health care initiatives into law as part of VA-HUD appropriations bills. The initiatives include the Mental Health Parity Act, which requires any group health insurance plan that covers mental illness to provide the same annual and lifetime limits on the coverage as provided for physical illness. The initiatives also guarantee maternity stays for new mothers and newborns and give veterans’ benefits to children suffering from spina bifida as a result of Agent Orange used during the Vietnam War. (*1996 Congressional Quarterly Almanac*, p. 6:48)
November  

On the 18th, the Clinton Administration announces plans to propose legislation to make it harder for health insurers to deny supplemental Medicare coverage, known as Medigap coverage, to senior citizens based on their medical condition. *(The Houston Chronicle, 11/19/1996)*

1997

January  


On the 23rd, Jennings responds to a survey published by the National Coalition on Health Care showing most Americans have lost confidence in the U.S. health care system. Jennings states that the public’s worries, as outlined in the survey, have been discussed at the White House every day. This is something that the president is very concerned about, and we are evaluating our options to see what should be done to improve the situation.” *(Star Tribune-Minneapolis, 01/204/1997)*

February  

On the 20th, the Clinton Administration says it is willing to consider bids by Massachusetts and other states for programs similar to the one approved in New York. In the State of New York, the federal Medicare program will pay hospitals $400 million for not training medical students. The payments are in response to a national glut of specialist physicians. Jennings states, “We cannot make it [the program] nationwide, but we can look at other proposals.” *(The Boston Globe, 02/21/1997)*

June  

On the 8th, House Republicans offer a $16 billion plan to provide health care for uninsured children, but say they cannot completely fulfill their promise to set aside $1.5 billion to help low-income elderly pay their health insurance premiums. Jennings responds that the figures contained in the Republican bill as drafted would violate the budget agreement. *(The New York Times, 06/09/1997)*

On the 17th, Clinton agrees to support a compromise Senate plan that would deliver health care to up to half the nation’s uninsured children through a major expansion of the Medicaid program. Jennings explains that the Administration favors a Medicaid-based plan out of concern that a non-Medicaid plan would impose onerous out-of-pocket costs on families. *(The St. Louis Post-Dispatch, 06/18/1997)*

On the 26th, the Senate votes to increase the age of Medicare eligibility from 65 to 67 and raise the premiums that wealthier senior citizens pay for coverage of physician services. Jennings responds that Clinton is concerned that the changes would undo the balanced budget amendment. *(USA Today, 06/25/1997)*

July  

On the 3rd, the Clinton Administration endorses raising the federal cigarette tax by 20 cents-per-pack in order to expand health care for uninsured children. Under a Senate bill passed the previous week, the cigarette tax would rise to 44 cents a
pack from 24 cents but would cease after 2002. Jennings comments, “We think there is no reason to sunset the tax after five years. If we are going to commit to this, let’s do it.” (USA Today, 07/03/1997)

On the 8th, the White House announces Clinton’s receptivity to proposals requiring wealthier senior citizens pay higher Medicare premiums for coverage of physician services. However, Jennings allows that the Administration remains concerned about an effective method for collecting the higher premiums, additional monies that would be needed for the IRS to assess the premiums, and the need for limits on the increase so that wealthier seniors do not drop out of the part of the Medicare program that covers physician services. (The New York Times, 07/09/2002)

On the 14th, the president calls for Congress to block health insurers from denying coverage or raising premiums of beneficiaries on the basis of genetic testing or family histories. The Administration supports bills that would extend previously passed laws against such discrimination to the self-insured. Jennings explains that the Administration seeks to avoid any legislation that would obstruct useful research based on genetic testing but that, “You have to be very careful about the unintended consequences of being overly broad.” (The New York Times, 07/15/1997)

August

On the 5th, Clinton signs the 1997 Balanced Budget Agreement, which includes significant changes to both Medicare and Medicaid, as well as a children’s health initiative. In an effort to reduce medical spending, managed care alternatives are introduced to Medicare. Spending cuts to Medicaid take the form of allowing state governors to place recipients in managed care plans, as well as reducing federal payments to states with hospitals serving large numbers of poor and uninsured patients. The bill also provides federal grants to states for the children’s health initiative. Using federal monies, states can enroll more children in Medicaid, provide other health insurance programs for children, use up to ten percent of the funds for direct services to children, or use a combination of these options. The children’s health initiative is offset in part by a 15-cent-per-pack increase in the federal cigarette tax. (1997 Congressional Quarterly Almanac, Washington, D.C.: Congressional Quarterly, Inc., 1997, p. 6:3)

On the 12th, the White House announces that the president will order changes in the testing of prescription drugs for medications used by a significant number of children. The changes will ensure that manufacturers specifically examine the drugs’ effect on children. Jennings comments, “Medications used for pediatric populations have been woefully and inadequately tested to date. Only 42 percent of drugs that have proved highly useful in pediatric populations have been tested on children.” (The New York Times, 04/13/1997)

On the 13th, Jennings announces that the Administration will examine whether it can act on its own to grant the State of New York a partial waiver from the 1991 law that is at the center of a dispute between the federal government and New
York over Medicaid funds. Clinton vetoed earlier legislation that would assure New York greater access to federal Medicaid funds. (*The New York Times*, 08/14/1997)

On the 11th, Clinton uses the line-item veto for the first time to scratch a New York Medicaid provision that allows health-provider taxes to be matched by federal Medicaid funds and allows funds be used to finance state-run health programs in addition to Medicaid. Jennings comments on Sen. Alfonse D’Amato’s (R-NY) attempt to get the measure passed, “At the (Senate) Finance Committee, we raised explicit objections to the broad-based nature of provision. But once we got to conference we said, ‘Look, let’s try to work a compromise out with New York. Let’s get something explicitly done that they need that doesn’t undermine our position with all the other states’.” Despite Administration negotiations with the State of New York, D’Amato insists on including the provision which is then vetoed. (*The Buffalo News*, 08/24/1997)

November

On the 19th, a presidential commission on health care patients’ rights proposes a patient “bill of rights” that would shift some power from managed care companies to patients. The commission is composed of consumer representatives, managed care executives, a state insurance commissioner, employers, ethicists, and physicians. The commission is co-chaired by Shalala and Secretary of Labor Alexis Herman. Jennings comments on the patients’ bill of rights, “The public is… interested in consumer protections that ensure that when they are at their most vulnerable, that they have an avenue to appeal and seek assistance. These are not radical things; these have been passed by many states with Republican and Democratic governors alike.” (*The Los Angeles Times*, 11/19/1997)


1998

February

On the 17th, it is reported that the Clinton Administration’s patients’ bill of rights is included in draft legislation written by House and Senate Democrats. The most controversial provision in the congressional Democrats plan would allow patients to sue their health plan. Clinton has not decided whether to support the controversial provision. (*The Los Angeles Times*, 02/17/1998)

March

On the 5th, the Clinton Administration reiterates its intention to push a plan allowing individuals between age 55 and 64 to buy health insurance from Medicare. The Administration’s plan stands in opposition to Sen. John Breaux (D-LA) who wants to hold off on a plan until further study can be conducted. Breaux is chairman of a newly-formed congressional Medicare Commission which begins meeting on the 6th. Critics of the Administration plan question
whether the buy-in fees would cover the costs to Medicare and whether a separate 
push would be made for the government to subsidize those fees. Jennings 
responds, “This doesn’t undermine the Medicare trust fund at all. This has some 
political appeal, but it also meets an important medical need.” (The New Orleans 
Times-Picayune, 03/06/1998)

**July**

On the 4th, Clinton orders that federal contracts be denied to health insurers that 
violate a 1996 law by refusing to cover sick people who change or lose their jobs. 
Jennings comments, “I would anticipate that of the 350 plans (covering federal 
workers), there’s probably some plans that may—directly or indirectly—be out of 
compliance with the… legislation.” (The Chicago Sun-Times, 07/08/1998)

**October**

On the 8th, Clinton announces a series of measures to prevent Medicare 
beneficiaries from being dropped by their HMOs. The measures include 
expediting federal approval for health plans applying to enter vacated 
markets, encouraging new HMOs to enter the counties from which other 
health plans are departing, and publicizing the fact that some Medicare 
beneficiaries are eligible for fee-for-service benefits. Jennings explains, 
“The president wants to show we’re doing everything we can do 
administratively and reiterate his dismay that HMOs basically attempted 
to hold the program hostage to their demands to increase fees and decrease 
benefits.” (The Atlanta Journal-Constitution, 10/08/1998)

On the 9th, Senate Republicans kill a patients’ bill of rights for the 105th Congress. 
The most contentious issue between the House-passed version of the legislation 
and the Senate version concerns patients’ rights to sue for malpractice. (1998 
Congressional Quarterly Almanac, Washington, D.C.: Congressional Quarterly, 

On the 21st, Clinton signs into law a bill postponing a 15 percent reduction in 
payments to home health agencies and changing the Medicare payment formula to 
increase payments made to more than 65 percent of home health care providers. 
(1998 Congressional Quarterly Almanac, p.14:16)

**1999**

**June**

On the 9th, it is reported that Clinton is preparing an overhaul of 
Medicare’s prescription drug benefit in order to lower the $90 per month 
average premium that seniors are currently paying. The program cost would be 
offset by $700 billion in income tax surpluses over the next 15 years. Jennings 
comments, “We want to make sure the drug benefit is a lot cheaper than anything 
else out there in the marketplace. We have been working quite hard to develop 
options that meet that criterion, but he [Clinton] hasn’t made any final decisions.” 
(The St. Petersburg Times, 06/09/1999)
**July**

On the 15th, the Senate passes its version of patients’ rights legislation by a vote of 53-47. The Senate version includes provisions under which outside medical specialists would hear and decide appeals of health plans’ decisions. *(1999 Congressional Quarterly Almanac, Washington, D.C.: Congressional Quarterly, Inc., 1999, p. 16:3)*

**August**

On the 21st, Congress misses its deadline to pass patients’ medical privacy legislation. The lack of action allows the Department of Health and Human Services to issue its own regulations which will be implemented in early 2000. Congress’s deadline was set under the 1996 Health Information Portability and Accountability Act (HIPAA). *(1999 Congressional Quarterly Almanac, p.16:37)*

**September**

The week of the 24th, the Clinton Administration summons six drug company executives to the White House to reprimand them for running advertisements that are critical of Clinton’s plan to offer prescription drug benefits to everyone in Medicare. Jennings comments, “These ads are false, misleading, inaccurate, unfair, and destructive. Also absurd and ridiculous. Any time we talk to the pharmaceutical industry, we critique these ads. We relay our dismay. We also encourage the drug companies to re-engage in a more constructive manner and address the real problems of seniors and people with disabilities who need drug coverage. *(The New Orleans Times-Picayune, 09/24/1999)*

**October**

On the 7th, the House passes its version of patients’ rights legislation. Under the House bill, patients would be allowed to sue their health plans in state courts over coverage decisions. The differences between the House and Senate version, especially regarding liability, are to be resolved in a conference in 2000. *(1999 Congressional Quarterly Almanac, p. 16:3)*

On the 29th, Clinton unveils the Administration’s patient medical privacy regulations which will govern only electronically-stored medical data. *(1999 Congressional Quarterly Almanac, p. 16:37)*

**November**

On the 29th, Clinton signs into law a bill to increase payment rates for Medicare providers by 16 billion over five years. The original rates were set by the 1997 Balanced Budget Act. The new rates are made possible by lower than projected spending and will benefit hospitals, nursing homes, rehabilitation therapists, managed care plans, home health agencies, and other providers. *(1999 Congressional Quarterly Almanac, p. 16:31)*

**2000**

**January**

On the 13th, in a speech to breast cancer activists, First Lady Hillary Clinton announces that the Clinton Administration plans to seek a $10 million increase in research into environmental links to cancer. Jennings
explains, “If Congress agrees, The Environmental Health Laboratory of the federal Centers for Disease Control and Prevention in Atlanta would see its funding rise to $27 million.” (Newsday, 01/13/2000)

**February**
On the 9th, the White House announces that Clinton’s proposal to provide Medicare coverage of prescription drugs will cost 35 percent more than the original estimate seven months earlier, reaching a total cost of $160 billion. The increase is attributed to the rising cost of drugs as well as an increase in the extent of drug usage by seniors. Jennings comments, “We’ve had another year of experience, during which drug utilization and costs have increased. We have included that experience in our new projections.” (The Milwaukee Journal Sentinel, 02/10/2000)

**April**
On the 20th, the White House criticizes House Republicans’ proposal for Medicare coverage of prescription drugs. The House Republican plan would use private insurance subsidized by the government to help pay prescription drug costs. Jennings comments, “We don’t know what provision of the proposal assures that all, most or even any Medicare beneficiaries will have access to the new drug benefit.” (The New York Times, 04/22/2000)

**June**
By early June, House-Senate conference talks regarding legislation for a patients’ bill of rights end unsuccessfully. The conference was chaired by Sen. Don Nickles (R-OK) while Sen. Edward Kennedy (D-MA) led the Democrats. Insurers’ liability is the stumbling block. Democrats support the House-passed measure which would allow patients to sue their health plans for damages in state courts, which is a departure from current law that allows such suits in federal courts and generally only for recovering the cost of denied care. Republicans support the Senate-passed measure which would not have expanded health plans’ liability but would have levied large fines on plans that did not follow an external reviewer’s recommendation on medical care. (2000 Congressional Quarterly Almanac, Washington, D.C.: Congressional Quarterly, Inc., 2000, p. 12:3)

On the 14th, House Republicans argue that the federal government must be “the insurer of last resort” for drug coverage for Medicare beneficiaries. The Republicans say they have almost finished drafting a plan under which the government would offer subsidies to private insurers to cover drug costs for Medicare beneficiaries. In localities where there are no private insurers, the government would assume the risk and responsibility for providing coverage. Jennings responds, “Without detailed language, it is impossible to tell whether all Medicare beneficiaries would have access to an affordable drug benefit. We’re hopeful, but dubious.” (The New York Times, 06/14/2000)

On the 22nd, the Senate fails to pass a Democratic amendment to the fiscal 2001 Labor, Health, and Human Services, and Education appropriations bill. The amendment would have added a prescription drug benefit to Medicare and require
the federal government to pay at least half the cost of the premiums. (2000 Congressional Quarterly Almanac, p. 12:16)

**July**

On the 6th, Clinton speaks in Missouri, which has passed its own patients’ bill of rights. The president asserts that any state protections will be thrown out if the Republican-controlled Congress passes the GOP version now under consideration. Jennings comments, “This [the Republicans’ congressional legislation] is going backwards, not forwards.” (The St. Louis Post-Dispatch, 07/06/2000)

**August**

On the 6th, it is reported that in an effort to save Medicare funds, the Clinton Administration is planning to cut payments for anti-cancer drugs administered in doctors’ offices. Jennings comments, “Patients should not be hurt in any way, but taxpayers should get a fair deal. The current reimbursement policy is unsustainable.” (The Cleveland Plain Dealer, 08/06/2000)

On the 20th, it is reported that the Clinton Administration has decided to increase privacy protections for patient medical records beyond the 1999 standards by issuing new rules before the 2000 election. The new standards would set comprehensive federal standards requiring doctors, hospitals, pharmacists, and insurance companies to limit the disclosure of medical information about individual patients. (The Cleveland Plain Dealer, 08/20/2000)

**September**

On the 18th, the White House criticizes a Republican proposal for a stopgap prescription drug benefit for low-income elderly people on the grounds that it would leave many individuals uncovered and delay a broader Medicare drug plan. However, Jennings stops short of saying that the president would veto such a plan. Jennings comments, “The president will not support any initiative that is nothing more than an empty promise that will delay the likelihood of getting a Medicare drug benefit.” (The Washington Post, 09/19/2000)

On the 19th, the White House issues a report criticizing presidential candidate Gov. George W. Bush’s (R-TX) plan to provide money to states to subsidize prescription drug coverage for low-income seniors. Jennings states that Clinton opposes any prescription plan, including Bush’s, which does not provide drug coverage through Medicare for all 39 million beneficiaries. (The New York Times, 09/19/2000)

**October**

The week of the 2nd, House and Senate negotiators approve a measure to allow imports of low-priced prescription drugs. The purpose of the legislation is to help Americans gain access to prescription drugs at the lower prices charged in the foreign countries that limit drug prices. The bill would allow the import of prescription drugs that meet federal safety standards. (The New York Times, 10/11/2000)
On the 17th, Clinton signs into law a package of initiatives directed at improving children’s health. The initiatives reauthorize existing programs concerning pediatric medical research while expanding the Substance Abuse and Mental Health Services Administration and Healthy Start. (2000 Congressional Quarterly Almanac, p. 12:41)

On the 19th, Republican leaders of Congress announce they have agreed on a bill to pump $28 billion into Medicare over the next five years by increasing payments to HMOs, hospitals, and other providers for seniors’ care. Jennings indicates the Republican leaders have not consulted with the Administration regarding the bill and reiterates the president’s veto threat. (The New York Times, 10/20/2000)

**December**

On the 21st, Clinton signs into law a bill to increase Medicare funding following the cuts made as part of the 1997 Budget Agreement. The bill increases Medicare spending by $35 billion over five years. About $11 billion will be channeled into managed-care insurance plans that serve Medicare patients, while another $14 billion will go to hospitals. The measure will also provide about $1.7 billion to home health agencies, while skilled nursing homes will get about $1.6 billion over five years. (2000 Congressional Quarterly Almanac, p. 12:25)

On the 28th, HHS issues new medical privacy regulations that go into effect on February 26th, 2001. The regulations give patients access to their medical records and allow patients to place restrictions on who else has access to the records. Health care providers and insurers will have to obtain a patient’s written consent before using information from medical records to make non-emergency treatment decisions. (CQ Weekly, 02/10/2001)
Timelines

- Christopher C. Jennings Timeline, prepared by Hannah Bradley St. Leger, The Miller Center, 10/30/2002.


Selected Writings and Public Statements by Christopher C. Jennings


Senior Health Policy Advisor

**Kennedy-Kassebaum Insurance Reforms**

**1996 Expansion of Health Care Benefits**

**Medicare Reform**

**1997 Balanced Budget Act and Additional Medicare Reforms**

**Patients’ Bill of Rights**

**Medicare Prescription Drug Benefit**

HCFA and the President’s Task Force on Health Care Reform

**Health Care Financing Administration (HCFA)**

**Historic Attempts at National Health Insurance**

**The President’s Task Force on Health Care Reform**
- The Administration’s Health Care Reform Bill: Four Key Decisions Made by President Clinton, prepared by Hannah Bradley St. Leger, The Miller Center of Public Affairs, 05/14/2002.
  
  
  
  
  

**Retrospective on the Task Force**
  
  
  

